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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
HENRY D COLEMAN MCAULAY FISHER NISSEN GOLDBERG & KIEL 261 MADISON AVENUE NEW YORK NY 10016		INVENTOR'S NAME <u>AHO</u>	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/678,762	07/11/96	045	KRASS, F	1501 07/16/97
First Named Applicant	COHN, DANIEL			

TITLE OF INVENTION: METHODS FOR REDUCING OR ELIMINATING POST-SURGICAL ADHESION FORMATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	424-423.000	P29	UTILITY	YES	\$645.00	10/16/97

3. Correspondence address change (Complete only if there is a change)

COLEMAN SUDOL, LLP
270 Madison Avenue, Suite 1301
New York, New York 10016

4. For printing on the patent front

page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Henry D. Coleman
2 R. Neil Sudol
3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: <u>Life Medical Sciences, Inc.</u>	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u>
(2) ADDRESS: (CITY & STATE OR COUNTRY) <u>Edison, New Jersey</u>	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>04-0838</u> (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input checked="" type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>[Signature]</u> (Date) <u>10/16/97</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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on: October 16, 1997 (Date)
Josie E. Caliboso (Name of person making deposit)
Josie E. Caliboso (Signature)
October 16, 1997 (Date)

1. TRANSMIT THIS FORM WITH FEE